



## Chesterfield County, Virginia

### Department of Mental Health Support Services

6801 Lucy Corr Blvd – P.O. Box 92– Chesterfield, VA 23832  
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DEBBIE BURCHAM  
Executive Director

#### AGREEMENT

This AGREEMENT made this \_\_\_\_\_ day of \_\_\_\_\_, 2017 between Chesterfield Community Services Board, (also referred to as Mental Health Support Services (CMHSS) and \_\_\_\_\_.

**Purpose:** To financially assist those entering Opioid replacement therapy services at Family Counseling Center for Recovery (FCCR) or Richmond Private Methadone Clinic (RPMC). Chesterfield Mental Health Support Services will subsidize the cost of Opioid replacement therapy on a graduated schedule during a period from September 1, 2017 to April 30, 2018 for residents of Chesterfield County.

**Process:** Chesterfield residents meeting treatment eligibility and who agree to the conditions provided herein, shall be provided financial assistance in the graduated model noted below. **Funds are available until April 30<sup>th</sup>, 2018 only. Treatment and support services required beyond April 30<sup>th</sup> will be the sole responsibility of the individual.**

Eligible individuals\* entering Opioid Replacement Services on September 1<sup>st</sup> will receive 8 months of Opioid replacement therapy in the following manner:

Three months paid in full by CMHSS,

Three months at 2/3 cost paid by CMHSS, 1/3 cost paid by individual

Two months at 1/3 cost paid by CMHSS, 2/3 cost paid by individual

If treatment extends beyond April 30, 2018, the full cost of treatment will be the responsibility of the individual. Those entering treatment at any point after September 1<sup>st</sup> will receive a prorated amount in monthly increments as shown in the Example Opioid Payment Assistance Plan below.

All individuals must be enrolled in services at CMHSS, be eligible for Substance Use Disorder services, and must agree to receive the services, medication and monitoring protocols provided while enrolled in treatment.

By signing below, individual acknowledges that payment assistance will cease as of April 30, 2018 and that CMHSS has no obligation to provide financial support for any further treatment. Any treatment after April 30, 2018 will be paid for by the individual.

#### **\*Eligibility**

1. Must provide evidence of Chesterfield residency
2. Has been diagnosed with an addiction disorder
3. Agrees to participate in treatment recommendations per Clinical Assessment and FCCR or RPMC prescribing protocols
4. Demonstrates need for assistance (can include lack of insurance, underinsurance, or limited income)

Providing a FIRST CHOICE community through excellence in public service

The parties have caused this Agreement to be executed as indicated below.

CHESTERFIELD COMMUNITY SERVICES BOARD

BY: \_\_\_\_\_  
Signature

Printed Name: \_\_\_\_\_

INDIVIDUAL

\_\_\_\_\_  
Signature

Printed Name: \_\_\_\_\_

**EXAMPLE OPIOID PAYMENT ASSISTANCE PLAN**

September 1	3 months @ \$560	3 months @ \$370	2 months @ 184	\$3158
October 1	3 months @ \$560	3 months @ \$370	1 months @\$184	2974
November 1	3 months @ \$560	3 months @ \$370		2790
December 1	3 months @ \$560	2 months @ \$370		2420
January 1	3 months @ \$560	1 month @ \$370		2050
February 1	3 months @ \$560			1680
March 1	2 months @ \$560		1120	
April 1	1 months @ \$560		560	